

STATE OF VERMONT

SUPERIOR COURT

DIVISION

Unit

Case No. _____

Case Name

**NOTICE OF COURT DECISION ON APPLICATION
TO WAIVE REDUCE COSTS AND FEES**

☐ The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

YOU MUST PAY \$_____ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.

☒ The Application is **GRANTED**

☒ Applicant receives public assistance OR

☐ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

☐ Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

Date 9/5/24

Analy Drake
Signature Judicial Assistant

Notice of Right to Appeal

You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court within 7 days of the date of this Order.